

**Promoting More Gender-equitable
Norms and Behaviors Among
Young Men as an HIV/AIDS
Prevention Strategy**



Horizons Program
Instituto Promundo

Promoting More Gender-equitable Norms and Behaviors Among Young Men as an HIV/AIDS Prevention Strategy

Julie Pulerwitz, Horizons/PATH
Gary Barker, Márcio Segundo, and Marcos Nascimento,
Instituto Promundo

Horizons



Acknowledgments

Many thanks to the reviewers of the report for their helpful comments and suggestions, including Diana Prieto, USAID; Suzanne Maman, University of North Carolina; Naomi Rutenberg, Horizons/Population Council; and Jim Foreit, FRONTIERS/Population Council. Thank you to Lou Apicella and Jennifer Redner, Horizons/Population Council, for their untiring assistance with data analysis, and to the Horizons team that helped to put together the final report, including Ellen Weiss, Hena Khan, Alison Lee, and Sherry Hutchinson.

Additional thanks are due to all of members of the Instituto PROMUNDO team providing input into the project, particularly Maurício Guimarães, Silvani Arruda, Isadora Garcia, Christine Ricardo, Vania Quintanilha, Sonbol Salles, Jerônimo Farias, Paula Zamberlan, Marina Teixeira, Fanny Moore, and Antônio Alkmin. Thanks also to the facilitators who implemented the group education activities: Dario Cordova, Jonatas Magalhães, Marcello Silva, Guilherme Carvalho, Luiz Costa, Odilon Rodrigues, and Marcos Adissi. And, thank you to the interviewers from Fatos: Beli Jorge, Fábio Mendes, Felipe Almeida, Guilherme Haubrich, Rafael Thomas, Renato de Jesus, Vânio Barreira, and Wilson Assumpção.

The authors are especially appreciative of the young men and women from Bangu, Maré, and Morro dos Macacos who were willing to participate in the study. Special thanks to the community-based associations who assisted with the project: Associação de Moradores de Nova Aliança (Bangu), Associação de Moradores do Conjunto Esperança (Maré), CIEP Professor César Pernetta (Maré), and Centro Educacional de Ação Comunitária Criança e Adolescente (Morro dos Macacos).

And finally, the authors would like to thank the founding members of the Program H Alliance, including Salud y Género, ECOS, and Instituto PAPAI, as well as the growing number of partners in the Program H Alliance.



USAID
FROM THE AMERICAN PEOPLE

This project was funded jointly by the Horizons Program and REPSSI. Horizons is implemented by the Population Council in collaboration with the International Center for Research on Women, International HIV/AIDS Alliance, PATH, Tulane University, Family Health International, and Johns Hopkins University. Horizons is funded by the President's Emergency Plan for AIDS Relief through the U.S. Agency for International Development, under the terms of HRN-A-000-97-00012-00. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.

Published in February 2006.



The Population Council is an international, non-profit, nongovernmental institution that seeks to improve the well-being and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources. The Council conducts biomedical, social science, and public health research and helps build research capacities in developing countries. Established in 1952, the Council is governed by an international board of trustees. Its New York headquarters supports a global network of regional and country offices.

Copyright 2006 The Population Council Inc.

Suggested citation: Pulerwitz, Julie, Gary Barker, Márcio Segundo, and Marcos Nascimento. 2006. "Promoting more gender-equitable norms and behaviors among young men as an HIV/AIDS prevention strategy." *Horizons Final Report*. Washington, DC: Population Council.

This document may be reproduced in whole or in part without permission of the Population Council provided full source citation is given and the reproduction is not for commercial purposes.

Table of Contents

Executive Summary	1
Overview/Introduction	4
Literature review	4
Conceptual framework	6
Intervention framework	7
Methods and Study Population	8
Quantitative data collection	8
Qualitative data collection	10
Process evaluation and costing	11
Intervention	12
Group education intervention	13
Identification and training of facilitators	13
Recruitment and retention of young men	13
Lifestyle social marketing campaign	14
Development and Validation of the Gender-equitable Men (GEM) Scale	15
Results	17
Key baseline results	17
Post-intervention impact results	18
Process Findings and Lessons Learned Through Implementation	28
Key issues and perspectives	28

Cost Analysis	32
Start-up and service delivery costs	32
Results of cost study	33
Discussions and Next Steps	35
Next steps	37
References	39
Appendices	41

Executive Summary

There is growing evidence that HIV/STI and violence risk for both young men and young women is linked to early socialization that promotes certain gender roles as the norm. These norms include support for men to have multiple partners, or to maintain control over the behavior of their female partners. Thus, addressing gender norms—the societal messages that dictate what is appropriate or expected behavior for males and females—is increasingly recognized as an important strategy to prevent the spread of HIV infection.

Few interventions to promote gender-equitable behavior among young men have been systematically implemented or evaluated, and relatively little is known about how best to measure changes in gender norms and their effect on HIV/STI protective and risk behaviors. To address these gaps, the Horizons Program and Instituto Promundo, with support from USAID, SSL International, the John D. and Catherine T. MacArthur Foundation, and JohnSnowBrasil, examined the effectiveness of interventions designed to improve young men’s attitudes toward gender norms and to reduce HIV/STI risk.

Methods and Intervention

Set in Rio de Janeiro, Brazil, this quasi-experimental study compared the impact of different combinations of program activities. Three groups of young men aged 14 to 25 years, with a mean age of 17 (at baseline, $n = 780$), were followed over time. The sample included both in-school and out-of-school youth. The study population was based in three different but fairly homogeneous low-income communities, or *favelas*.

One intervention component was interactive group education sessions for young men led by adult male facilitators. The other was a community-wide “lifestyle” social marketing campaign to promote condom use, using gender-equitable messages that also reinforced those promoted in the group education sessions. One arm of the study, based in Maré, focused only on group education, while the second arm, based in Bangu, included a combination of both interventions. In the third community, Morro dos Macacos, a delayed intervention followed the control period.

To assess program impact, the researchers developed and used the Gender-equitable Men (GEM) Scale, which measures attitudes toward gender norms related to topics such as HIV/AIDS prevention, partner violence, and sexual relationships. Participants also provided information on HIV-related risk and prevention factors, including STI symptoms, condom use, number of sexual partners, and intimate partner violence, as well as sociodemographic characteristics.

Surveys were administered to a cohort in each site prior to any intervention activities ($n = 258$ in Bangu, $n = 250$ in Maré, and $n = 272$ in Morro dos Macacos), after the intervention had been ongoing for six months ($n = 230$ in Bangu, $n = 212$ in Maré, and $n = 180$ in Morro dos Macacos), and again after one year ($n = 217$ in Bangu and $n = 190$ in Maré). The young men in Morro dos Macacos, the control site, received some group education after six months, to ensure that they too benefited from intervention activities.

In addition, qualitative interviews were conducted with a sub-sample of young men in ongoing primary relationships, as well as with their female partners (n = 18). Facilitators of the group education kept records after each session. Implementers of the lifestyle social marketing campaign filled out monitoring forms. The costs of implementing the different components of the program were also tracked, and are discussed in the report.

Key Findings

At baseline, young men in the study reported substantial HIV/STI risk.

At baseline, more than 70 percent of the young men were sexually experienced, with sexual initiation taking place at an average age of 13. Among the sexually experienced group, almost one-third (30 percent) reported having more than one sexual partner over the last month. About 25 percent of the young men reported having STI symptoms during the three months prior to the survey. Fewer than ten percent had ever taken an HIV test.

Agreement with inequitable gender norms was associated with more risk.

Support for inequitable gender norms and gender roles was significantly associated with HIV risk at baseline. Agreement with inequitable gender norms in the GEM Scale was significantly associated with reported STI symptoms ($p < .05$), lack of contraceptive use ($p = .05$), and both physical and sexual violence against a partner ($p < .001$).

More equitable gender norms and related behaviors can be successfully promoted.

A comparison of baseline and six month post-intervention results gathered at the intervention sites revealed that a significantly smaller proportion of respondents supported inequitable gender norms over time ($p < .05$), while a similar change was not found at the control site. These positive changes were maintained at the one-year follow-up in both intervention sites.

Significant improvements were found in key HIV/STI outcomes, with greater changes often found in the combined intervention site.

A number of key HIV/STI-related outcomes improved between what was measured at baseline and at six-month follow-up. At both intervention sites, reported STI symptoms decreased, and in Bangu, the combined intervention site, the improvements were statistically significant ($p < .05$). In Morro dos Macacos, the control site, there was no significant decrease. Findings related to condom use were similar. In both sites, condom use at last sex with a primary partner increased, with a significant improvement seen in Bangu ($p < .05$). In Morro dos Macacos, no significant increase in condom use was found. In all three sites, there was no significant increase in condom use with casual partners. Results at one-year

follow-up indicate that the improvements in both condom use and reported STI symptoms were maintained.

Increased agreement with more equitable gender norms was associated with reduced HIV/STI risk.

A key objective for this study concerns exploring if promoting more equitable attitudes toward gender norms will lead to a change in HIV-related risk. Results from logistic regression analyses for correlated data, controlling for key sociodemographic variables such as age and education, indicate that improvements on the gender norm scale were associated with changes in at least one key HIV/STI risk outcome. For both Bangu and Maré, decreased support for inequitable gender norms over one year was significantly associated with decreased reports of STI symptoms ($p < .001$). Qualitative data support this finding; for example, one young man indicated that he now was delaying sex with his girlfriend, saying:

Used to be when I went out with a girl, if we didn't have sex within two weeks of going out, I would leave her. But now [after the workshops], I think differently. I want to construct something [a relationship] with her.

Communication between couples about HIV/AIDS remained relatively high.

Survey responses indicate that a majority of participants communicated with their primary partners about key HIV/STI-related topics at baseline, and a similar pattern was found after the intervention period. In the qualitative interviews, some young men reported that they began to discuss new HIV-related topics with their partners, and their partners agreed that a change had taken place. For example, the female partner of one young man said:

...after the workshop ... He even talked about getting a blood test [HIV test] and he said: 'You should get one too' and I said: 'Okay, I'll do it, we'll do it together'.

Conclusion

Study findings indicate that addressing inequitable gender norms, particularly those that define masculinity, can be an important element of HIV prevention strategies. These findings suggest that group education interventions can successfully influence young men's attitudes toward gender roles and lead to healthier relationships. The findings also provide empirical evidence that a behavior change intervention focused on combating inequitable gender norms is associated with improvements in HIV/STI risk outcomes. The study and intervention reported here has inspired ongoing adaptations in other countries, including India and Mexico.

Overview/Introduction

Around the world many young men ages 15 to 24 are at high risk of HIV and other STIs, and are victims and perpetrators of sexual coercion and violence. Moreover, young men are less likely than young women to seek health services, making it more difficult to reach them with information and other assistance. Many institutions, such as UNAIDS via their 2000–01 World AIDS Day Campaign, have called for more effective and innovative strategies to incorporate men—particularly young men—into HIV/STI and violence prevention initiatives. This requires determining which strategies would be most successful in reducing risk and promoting reproductive and sexual health.

There is growing evidence that early socialization that promotes inequitable gender roles as the norm encourages risky behaviors among both young men and women. Thus, addressing gender norms—the societal messages that dictate what is appropriate or expected behavior for males and females—is increasingly recognized as a key strategy to prevent the spread of HIV infection, particularly among young people.

Common examples of gender norms for men include that they should initiate sexual activity early in life, have multiple sexual partners, maintain control over their female partners, and that unsafe or risky sex is more enjoyable than safer sex. Women are often taught that they should be submissive and accept their partners' sexual requests, and often do not have the power to negotiate safer sex with their male partners. Gender inequity in relationships—where males have greater power than females—can also lead to sexual coercion and physical violence, circumstances under which HIV-protective behaviors are impossible to initiate and maintain.

But promoting social norms in favor of greater gender equity is challenging. Moreover, few interventions to promote gender-equitable behavior among young men have been evaluated, and relatively little is known about how best to measure changes in gender norms and the effect of such changes on HIV/STI protective and risk behaviors.

To address these gaps, the Horizons Program and Instituto Promundo, with support from USAID, SSL International, the John D. and Catherine T. MacArthur Foundation, and JohnSnowBrasil, and with technical support from Salud y Género, ECOS, and Instituto Papai, examined the effectiveness of various interventions designed to improve young men's attitudes toward gender roles and sexual relationships and to reduce HIV risk behaviors and partner violence. The study posits that young men can change their behavior and attitudes through participation in group education activities that encourage reflection on what it means to be a man, and that reinforcing these messages on the community level will have additional positive impacts.

Literature Review

Both men and women receive and internalize societal messages about appropriate behaviors for men versus women. This socialization process can support roles, norms, and behaviors that are inequitable, and can sometimes encourage behaviors that place men and their sexual partners at risk of various

negative health outcomes, including HIV/STI (Rivers & Aggleton 1998). As part of this socialization process, styles of interaction in intimate relationships are often “rehearsed” during adolescence, and continue into adult relationships (Archer 1984; Erikson 1968; Barker 2000a and Barker 2000b).

For example, an analysis of data from the National Survey on Adolescent Males in the U.S. found that beliefs about manhood emerged as the strongest predictor of risk-taking behaviors; young men who adhered to inequitable views of manhood were more likely to report substance use, violence and delinquency, and unsafe sexual practices (Courtenay 1998). Studies from various countries have found that young men often view sexual initiation as a way to demonstrate that they are “real” men; that is, to affirm their identity as men (e.g., Marsiglio 1988). Boys often feel that they must repeatedly prove their manhood through sexual activity. Another common belief about sexuality and sex among young men is that they “know it all,” when in fact they are frequently uninformed or misinformed. Various studies suggest that young men have misperceptions about their own bodies, about HIV/STI transmission, and about female sexual anatomy and functioning (e.g., Morris 1993).

Furthermore, social norms frequently hold that it is the male’s responsibility to acquire condoms, since for a young woman to carry condoms would suggest that she intends to have sex, which may be seen as “promiscuous” (Childhope 1997). At the same time, the prevailing norms in many settings dictate that since reproductive and sexual health are “female” concerns, women must be the ones to suggest contraceptive use (Greene et al. 2004). Gender-based power dynamics exacerbate these issues, and women often cannot negotiate condom use when they wish to do so (Amaro 1995; Pulerwitz et al. 2002).

Another relevant example of men’s behavior toward women related to inequitable norms is the use of violence against women. Findings from a multi-country study indicate that between one-fifth and one-half of women of reproductive age have been subject to physical violence by a male partner (Heise 1994). In a 1993 national survey in Barbados, 30 percent of women ages 20 to 45 reported having been beaten by a male partner and 50 percent of men and women said their mothers were beaten by a male partner. A recent survey of 750 men across various social classes in Rio de Janeiro found that 25 percent reported using physical violence against a partner at least once (PROMUNDO and NOOS 2003). The causes and factors associated with men’s use of physical and sexual violence against women are complex and interwoven, but among them are aspects of the social construction of masculinity (Keijzer 1995; Kaufman 1993; Tauchen, Witte, and Long 1991).

Boys are also socialized into a set of ideas about household roles and childrearing. Studies conducted in various countries find that fathers tend to contribute about one-third to one-fourth of the time that mothers do in direct child care (Population Council 2001). And, although men’s participation in domestic chores seems to be increasing in some settings, various studies in Latin America have confirmed that men’s participation remains far less than women’s. For example, in Nicaragua, one study found that women devote 85 percent of the time required for domestic chores, while men provide the remaining 15 percent (Alatorre 2002). While there are substantial individual and context-specific differences, research suggests that boys and young men commonly imitate, internalize, and recreate these gender-based household patterns, and identify less involvement in domestic roles as part of their understanding of masculinity.

In addition, boys are typically socialized to believe that being a “real” man relates not only to having characteristics different from and opposite to women, but also different from and opposite to homosexuals

(Barker and Loewenstein 1997). Young men who diverge from these norms are likely to be ridiculed or criticized. Therefore, homophobia constitutes another common aspect of young men's socialization and contributes to their understanding of masculinity.

This brief review of some of the literature confirms that boys and young men in Latin America and elsewhere are frequently socialized around a constellation of gender norms related to sexual and reproductive health and risk, sexuality, homophobia, fatherhood, use or acceptability of violence against women, and participation in domestic chores. While there is variation by setting, family, and individual, extensive qualitative and ethnographic research indicates that there is remarkable consistency in the norms into which boys and young men are socialized across the region.

Conceptual Framework

In light of this brief background from the literature, this study applied a social constructionist or interactive theory of gender socialization. In recent years, many authors in the field of gender research and specifically in the field of masculinities have ascribed to this theoretical framework, which posits that any given cultural setting provides a version, or multiple versions, of masculinities (Connell 1987 and 1994). These gender "norms," which are passed on to young men by their family, peer group, and social institutions, among others, are interpreted and internalized by individual men. These individuals reinterpret and "reconstruct" the norms, and as members of society, also influence the broader shared norms. This theoretical framework highlights that certain models of manhood or masculinity are promoted in specific cultural settings, but that individual men will vary by how closely they adhere to these norms. Furthermore, this framework indicates that norms can evolve over time as individuals and groups reconstruct them.

Operationalizing gender-equitable young men

"Gender-equitable" men are operationalized in this research and the intervention as representing certain characteristics and beliefs. These characteristics draw on the literature review and build upon findings from previous formative research with young men in Brazil (Barker 2000b). The intervention activities were selected to address each of the characteristics mentioned below, all with a gender-focus. Here, "gender-equitable" men:

1. Are respectful to women, show concern about the feelings and opinions of their sexual partners, and seek relationships based on equality and intimacy rather than on sexual conquest.
2. Believe that men and women have equal rights.
3. Assume, or share with their partners, responsibility for reproductive health and disease prevention issues.
4. Are, or seek to be, involved domestic partners and fathers, who are responsible for at least some of the household chores and their children's care giving.

5. Are opposed to violence against women in their intimate relationships.
6. Are not homophobic.

Intervention Framework

The study and intervention also drew upon the ecological model, and its guidance regarding the importance of addressing key issues from multiple levels, from the individual to the greater society. Hence, the intervention included the promotion of individual reflection, a peer and interpersonal group education component, and a broader community-based component.

Methods and Study Population

Set in Rio de Janeiro, Brazil, this quasi-experimental study compared the impact of different combinations of program activities to identify which are particularly useful for achieving desirable changes in attitudes and behaviors. The researchers hypothesized that participation in gender-focused HIV/STI and violence prevention group education activities would positively impact young men's gender- and HIV-related attitudes and behaviors, and that reinforcing gender-equitable messages on the community level via a behavior change communication campaign would lead to greater or more sustained impact. Three groups of young men ages 14 to 25, with a mean age of 17 (at baseline, $n = 780$), were followed over time. The study focused on young men since they potentially held more flexible views about gender than older men, and because this was an appropriate "intervention moment" due to the fact that these young men were beginning their sexual lives or starting to develop intimate partnerships. Young men were recruited from local schools and community-based organizations. Both in-school and out-of-school youth were included in the intervention.

The study population is based in three different but fairly homogeneous low-income communities, or *favelas*, in Rio de Janeiro. These communities regularly experience violence, particularly due to rival drug trafficking gangs (*comandos*), which often fight over "territory" or engage in crossfire with the police. These gangs have recruited many young men from the communities in which the study took place. Young men from these three favelas do not tend to interact with one another, and in fact it may be dangerous for men from one community to visit another, as each are associated with different *comandos*. For the purposes of the study, since the young men did not interact with each other, there was minimal potential exchange of intervention information and ideas (i.e. minimal risk of "contamination").

One intervention component was interactive group education sessions for young men led by adult male facilitators. The other was a community-wide "lifestyle" social marketing campaign to promote condom use, using gender-equitable messages that also reinforced those promoted in the group education sessions. One arm of the study, based in Maré, focused on group education only, while the second arm, based in Bangu, received an intervention that combined group education with the community-wide lifestyle campaign. In the third community, Morro dos Macacos, a delayed intervention followed the control period.

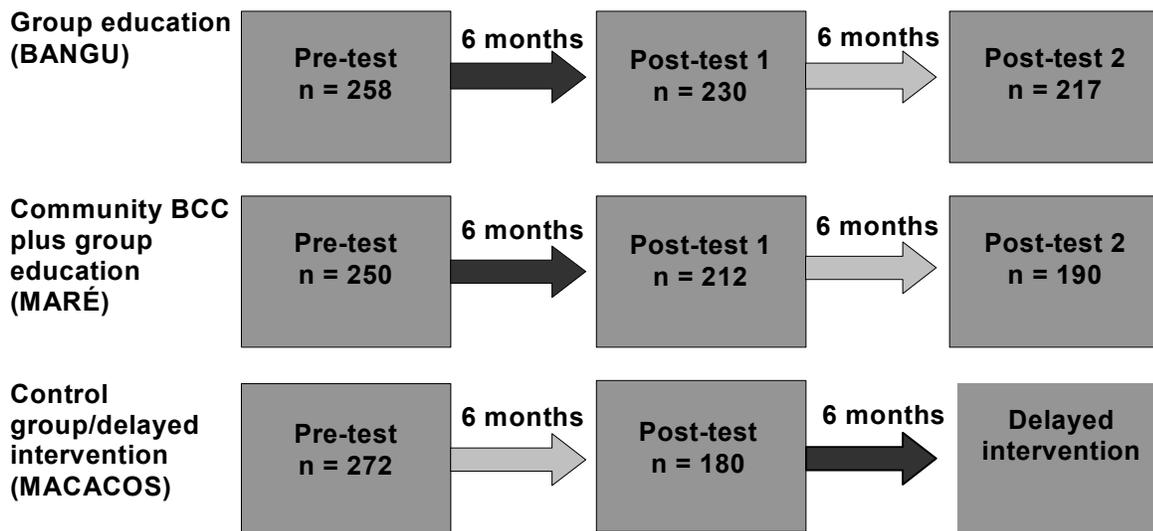
Quantitative Data Collection

To assess program impact, the researchers developed and used the Gender-equitable Men (GEM) Scale, which includes 17 items that measure what are commonly understood as "traditional" attitudes toward gender norms related to HIV/AIDS and pregnancy prevention, violence, sexual relationships, domestic chores and caregiving, and homosexuality. Participants also provided information on HIV-related risk and prevention, such as STI symptoms, condom use, number of sexual partners, and intimate partner violence, as well as sociodemographic characteristics.

Surveys were administered to a cohort in each site prior to any intervention activities ($n = 258$ in Bangu, $n = 250$ in Maré, and $n = 272$ in Morro dos Macacos), after the intervention had been ongoing for six

months (n = 230 in Bangu, n = 212 in Maré, and n = 180 in Morro dos Macacos), and after one year (n = 217 in Bangu and n = 190 in Maré). Figure 1 summarizes the study design. Response rates in general were very good for this context: 89 percent at six months, dropping to 84 percent at one year in Bangu; 85 percent at six months, dropping to 76 percent at one year in Maré; and 66 percent at six months for the control group in Morro dos Macacos.

Figure 1 Study design and sample size



The lower response rate in the control community, Morro dos Macacos, is likely explained by the comparatively limited contact that the study team had with the group of young men there; since they did not participate in regularly scheduled group education sessions, these young men were more often lost to follow-up. After six months, the young men in Morro dos Macacos received less intensive group education, to ensure that all participants in the study received some intervention activities, and also to minimize the likelihood of further loss to follow-up. The original plan was to collect follow-up data at one year in Morro dos Macacos as well, but after substantial loss to follow-up it was changed; therefore, there is no one-year follow-up data for the control site. Analyses were conducted to compare the characteristics of the young men that were lost to follow-up and the young men that remained in the study. Findings include that there were no significant differences between the young men in Maré, Bangu, or Morro dos Macacos that were lost to follow-up at six months and those who remained in the study on (1) whether the young men worked, (2) their age, (3) their educational level, (4) their number of sexual partners at baseline, (5) their attitudes towards gender norms at baseline, and (6) whether they had children. At one-year follow-up for Maré and Bangu, the only significant difference was education level for the Maré group.

Sociodemographic characteristics of the young men in Bangu, Maré, and Morro dos Macacos at baseline can be found in Table 1. Across the three groups combined, the mean age of the young men was 17, and

about 40 percent had completed primary school or “basic” education. Less than a third of the respondents were working at baseline. The young men self-identified as black, mixed race, or white, with the largest proportion indicating that they were black (38 percent in Bangu, 37 percent in Maré, and 46 percent in Morro dos Macacos).

Table 1 Sociodemographic characteristics of the young men surveyed

	Bangu n = 258	Maré n = 250	Morro dos Macacos n = 272
Mean age	16.8	17.2	17.3
	%	%	%
≥ “basic” education	41	46	34
Working	11	34	18
Ethnicity			
Black	38	37	46
Mixed	29	22	28
White	24	30	18

The questionnaire was pre-tested with young men from the study population in one of the three communities. On average, the questionnaires took 27 minutes to administer, and for young men who did not have steady partners, the average time was less. All participants completed informed consent forms, and minors (under 18 years old, per Brazilian guidelines) were only allowed to participate in the study once they had submitted a consent form signed by a parent or guardian. Statistical tests used to determine changes in the groups over time include measures of association such as chi-square tests and t-tests. To take into account the longitudinal nature of the study, and determine associations between changes in attitudes toward gender norms and changes in HIV risk, logistic regression analyses for correlated data were conducted, controlling for key sociodemographic variables such as age, education, and family income.

Qualitative Data Collection

In addition, qualitative interviews were conducted upon the conclusion of the intervention activities with a sub-sample of young men in ongoing primary relationships and their female sexual partners (n = 6 couples and 6 young men, for a total of 18 people). The primary goal was to explore their reactions to the program, particularly the impact of the program on their relationships. In-depth interviews were usually conducted with both members of the couple, although it was not always possible to interview the female partner. An effort was made to interview young men who represented a mix of intervention participation, including some who attended nearly all of the workshop sessions, some who attended about half of the sessions, and some who only attended a few of the sessions. The same questions were asked both of the young man and his female partner so that a comparison could be made between their responses.

Analysis of the qualitative data consisted of an initial reading of all the interview transcripts, by multiple researchers. They then determined a series of key themes and codes, paying particular attention to insights into the process and amount of gender-related and other change. The relationship styles of each couple were also categorized, as minimally, moderately, or highly equitable. As an example of the analysis of the change process, one young man talked at length about having an STI from a previous partner and the challenge he faced when telling his current partner about it. The STI diagnosis, plus his participation in the workshops, led him to reflect on the degree of his honesty and “fair” treatment of women. His discourse suggested a move toward a more equitable style of interacting with women. Spontaneous recall of themes from the activities, as well as self-reports of having discussed the program activities with friends and family members, were other methods used to measure impact.

Process Evaluation and Costing

Facilitators of the group education sessions (n = 6) kept records after each session on the group dynamics, challenges and successes, and attendance of the group education. The format of the report was intended for the facilitators to provide a qualitative assessment of what was discussed and what they thought of the group workshops (challenges, interesting reflections, issues that had not been anticipated, etc.). The report also included the following points: central themes discussed; difficulties encountered in the facilitation of the activities; topics that particularly interested the group; topics that were particularly difficult to discuss (including possible reasons for this); perceived changes among the youth; how the youth correlated the issues discussed to their daily lives, communities, and families; the dynamic between the facilitators and groups; and other points that the facilitator deemed relevant for inclusion in the report.

Supervisors (n = 2) held weekly meetings with the facilitators to monitor the process and also filled out reports of each weekly session. Monitoring forms were also filled out by implementers of the lifestyle social marketing campaign, to track activities. Finally, the costs of implementing the different components of the program were also tracked, to permit a costing analysis.

Intervention

The intervention is called Program H (for *homens*: "men" in Portuguese). Program H focuses on helping young men question traditional norms related to manhood and on promoting the abilities of young men to discuss and reflect on the "costs" of inequitable gender-related views and the advantages of more gender-equitable behaviors.

Intervention activities include two main components: (1) a field-tested curriculum that includes a manual and an educational video for promoting attitude and behavior change among men, and (2) a lifestyle social marketing campaign for promoting changes in community or social norms about what it means to be a man.¹ The curriculum was developed in 1999 by four Latin American NGOs, coordinated by Instituto Promundo, and also including Salud y Genero (Queretaro and Xalapa, Mexico), Ecos (São Paulo, Brazil), and Instituto PAPAÍ (Recife, Brazil). This intervention was designed based on qualitative research with the study population. The lifestyle social marketing campaign was developed in 2001 by Instituto Promundo, JohnSnowBrazil, and SSL International (makers of Durex condoms).

Group Education Intervention

The curriculum includes an overview and framework for thinking about these issues, a 20-minute cartoon video, and 70 activities that were developed and pre-tested with groups of young men aged 15 to 24 years. The activities are organized under five themes: Sexuality and Reproductive Health, Fatherhood and Caregiving, From Violence to Peaceful Coexistence, Reasons and Emotions (including communication skills, substance abuse, and mental health), and Preventing and Living with HIV/AIDS. The activities in the manual were designed to be carried out in a same-sex group setting. They consist of role plays, brainstorming exercises, discussion sessions, and individual reflection.

Eighteen exercises (plus a video which was viewed and discussed at the onset of the activities) were conducted with the young men during once-a-week sessions for about two hours each over approximately a six-month period, for a total of about 28 hours. The study team considered the six-month period long enough to expect an impact of the intervention, yet short enough that it was not too much of a burden on the young men to complete, nor on future organizations that may be interested in implementing it. Six months' worth of activities were selected from the complete manuals by a Technical Advisory Group (TAG), comprised of the founding members of the Program H Alliance (Instituto PROMUNDO, ECOS, Instituto Papai, and Salud y Genero) and Population Council. For the intervention, the TAG selected the 18 activities from the Program H curriculum that were seen as most relevant for the promotion of gender equity and HIV prevention and the most successful in engaging young men during the field-tests (in five countries in Latin America and the Caribbean). A complete list of the selected activities and the themes they addressed can be found in Appendix 1.

¹ A third intervention component of Program H focuses on promoting male-"friendly" health service; work to develop and test these activities is ongoing, in collaboration with PAHO/WHO.

The video used during the sessions is a no-words cartoon called “Once upon a boy,” which tells the story of a young man from early childhood, through adolescence, to early adulthood. The story highlights different experiences in the young man’s life, including witnessing violence in his home, interactions with male peer groups, his first sexual experience, as well as his contracting a sexually transmitted infection (STI) and facing an unplanned pregnancy. Like the Program H group educational activities, the video was widely field-tested in Latin America and the Caribbean during its development and its content was based on previous qualitative research with young men in the region.

Identification and Training of Facilitators

Five adult men were selected to facilitate the group activities. It was not a prerequisite that the facilitator belong to the same community as the young men, but each of the facilitators had prior experience working with groups of youth from low-income communities on gender and health issues. It was fundamental that the facilitators had prior experience in leading group discussions, particularly in terms of how to be attuned to group dynamics, manage conflicts, deal with participant apathy, and encourage young men not accustomed to talking about emotions and values to open up. The facilitators had previously worked with Instituto PROMUNDO, and were selected in part because of their gender-sensitive and equitable perspectives. The intention was for these gender-equitable adult men to act as role models for the younger participants.

Facilitators were additionally trained by program staff for a total of 24 hours (three days). Training included the following issues: rationale for working with young men; rationale for focusing on selected issues (sexuality, fatherhood, violence, mental health, HIV/AIDS, etc); how to utilize the video; overview of the study objective, study design, and methodology; timeline for group activities; and logistics (reports, meetings, supervision, contracts, etc). As part of their training, the facilitators themselves participated in the same group educational activities they would later facilitate. In this way, they reflected on their own attitudes toward the issues. During the intervention period, the coordinator of Promundo’s Gender and Health Program led regular (usually weekly) meetings with the workshop facilitators, to discuss their progress and how the young men were reacting to the program.

Recruitment and Retention of Young Men

The young men were recruited to participate in the intervention via a multi-stage process. Initially, Instituto Promundo held meetings with local community groups, resident associations, and local schools to discuss potential partnerships with the community and the availability of space for the educational workshops. A few of the community groups and schools offered space for the workshops and assisted in the recruitment of young men. A community radio station also helped recruit participants by broadcasting announcements related to the program. Next, the Research Coordinator held informational sessions with groups of young men. Those individuals who were interested in the project and eligible to participate were asked to complete a consent form and supply contact information, and were then contacted directly for scheduling.

At each workshop, the facilitators took attendance. Those young men who did not attend were contacted and reminded of the next sessions. The team used various strategies to contact the young men: cell phone calls, leaving messages for the young men with the resident associations, with their schools, or with other young men in the group sessions; and as a last resort, the interviewers would visit the young men at their homes.

The young men participating in the study were paid a small stipend to reimburse them for transportation expenses and for their time. The amount was equivalent to seven dollars per month. It is important to note that the option of not paying a stipend was considered by the team. However, given the realities of young men in low-income communities like these, particularly the social pressure and economic need for young men to work from relatively early ages, it was felt that participation would be extremely difficult to insure without paying a stipend.

Lifestyle Social Marketing Campaign

The second component of the intervention, a behavior change communication campaign also referred to as a lifestyle social marketing campaign, promoted a more gender-equitable lifestyle and HIV/STI/violence prevention at the community level, and reinforced the messages learned in the group education sessions. Program staff worked with “peer promoters”—young men recruited from the community to help develop and implement the campaign. The peer promoters identified preferred sources of information and cultural outlets in the community. They also crafted intervention messages—in the form of radio spots, billboards, posters, postcards, and dances—about how “cool and hip” it was to be a more “gender-equitable” man.

The community-based behavior change communication campaign encourages young men to reflect on how they act as men and enjoins them to respect their partners, to avoid using violence against women, and to practice safer sex. The campaign has been called “Hora H,” or “In the Heat of the Moment.” The phrase was developed by young men who frequently heard their peers say, “Everybody knows that you should use a condom, but in the heat of the moment...” Condom use and negotiation are presented during the campaign as important elements of creating a more gender-equitable lifestyle, and the campaign also aims to increase the availability of a new condom brand, Hora H, through strategic distribution to common cultural outlets for young men, including bars, community dances, and parties.

Development and Validation of the Gender-equitable Men (GEM) Scale

Drawing on the operational definition of a “gender-equitable man,” and on an extensive literature review, a scale to measure the impact of the intervention on attitudes toward gender norms—called the Gender-equitable Men (GEM) Scale—was developed and validated (Pulerwitz and Barker, under review). The research team designed 35 items on attitudes toward gender norms, and then tested the items with a community-based sample of 742 men ages 15 to 60, including 223 young men ages 15 to 24. The survey was administered in both low- (Bangu and Santa Marta) and middle-income (Botafogo) neighborhoods in Rio de Janeiro. This preliminary study, which took place in 2001, was funded by the John D. and Catherine T. MacArthur Foundation, and implemented by Instituto PROMUNDO and Instituto NOOS, with technical assistance from the Horizons Program.

In this initial testing of the GEM Scale, a wide variety of more or less equitable attitudes toward gender norms were found among respondents. Less equitable, or what could be considered more “traditional” attitudes, were reported by men from varied socioeconomic backgrounds, and in both middle-income and lower-income neighborhoods. Men with lower educational levels tended to hold more inequitable views on gender roles and what it means to be a man. And a strong association was found between GEM Scale scores and key health-related outcomes, such as partner violence and contraceptive use ($p < .05$). As hypothesized, more equitable attitudes were associated with less reported partner violence and higher reported contraceptive use.

The GEM Scale includes items on five key areas related to gender norms: (1) violence, (2) sexual relationships, (3) reproductive health and disease prevention, (4) domestic chores and childcare, and (5) homophobia and relationships with other men. In the initial study, after factor analyses and other psychometric tests, 24 items were selected to constitute the GEM Scale—17 items in an “inequitable” subscale and seven items in an “equitable” subscale ($\alpha > .80$ for the full Scale). See Box 1 for a list of the items used in the GEM Scale.

For the intervention study with young men, the full GEM Scale was applied in the baseline survey. Responses to the 17-item subscale of attitudes towards gender norms that were phrased as inequitable had a great deal of variability, showing that some young men agreed and some did not. The great majority of the young men agreed at baseline with the seven norm statements that were phrased as more equitable, which indicated that they could not improve on that subscale at follow up. In addition, the inequitable subscale was deemed more reliable (at baseline, $\alpha = .78$). Based on the responses of the young men, the inequitable norms subscale was used as the gender norms measure in the intervention study. Future studies may find the full GEM Scale to be most useful, as was found in the preliminary study with the representative sample, but the current study found the inequitable norms subscale to be most useful. The findings from the current intervention study are likely due to the fact that the participants were self-selected and perhaps more gender-equitable at baseline than the young men included in the original representative sample.

Box 1 Full list of “inequitable” gender norms items from the GEM Scale

- It is the man who decides what type of sex to have.
- A woman’s most important role is to take care of her home and cook for her family.
- Men need sex more than women do.
- You don’t talk about sex, you just do it.
- Women who carry condoms on them are “easy”.
- A man needs other women, even if things with his wife are fine.
- There are times when a woman deserves to be beaten.
- Changing diapers, giving the kids a bath, and feeding the kids are the mother’s responsibility.
- It is a woman’s responsibility to avoid getting pregnant.
- A man should have the final word about decisions in his home.
- Men are always ready to have sex.
- A woman should tolerate violence in order to keep her family together.
- If a woman cheats on a man, it is okay for him to hit her.
- If someone insults me, I will defend my reputation, with force if I have to.
- I would be outraged if my wife asked me to use a condom.
- It is okay for a man to hit his wife if she won’t have sex with him.
- I would never have a gay friend.

Examples of “Equitable” Gender Norms Items from the GEM Scale

- A couple should decide together if they want to have children.
- It is important that a father is present in the lives of his children, even if he is no longer with the mother.

Results

Key Baseline Results

Young men in the study reported substantial HIV/STI risk

The young men participating in the study typically engaged in a number of risky sexual behaviors (Table 2). At baseline, more than 70 percent of the young men from all three sites combined—Bangu, Maré, and Morro dos Macacos—were sexually experienced, with an average age of 13 for sexual initiation. About 40 percent of the sexually experienced group reported having two or more sexual partners over the last month. Approximately 25 percent of the young men stated that they had STI symptoms during the three months prior to the survey. About ten percent of the young men indicated that they had been physically or sexually violent against their current or most recent regular partner. Fewer than ten percent had ever taken an HIV test.

Table 2 Selected HIV/STI risk profile at baseline

	Bangu n = 258	Maré n = 250	Morro dos Macacos n = 272
Mean age at first sex	13	13	13
	%	%	%
≥ 2 partners in past month	41	46	39
STI symptoms during last three months	23	31	18
Condom use at last sex with primary partner	58	69	64
Physical violence against current or most recent partner	5.9	10	12
Ever taken HIV test	5.8	6.0	10

Condoms used more frequently with casual partners, but more consistently with regular partners

At baseline, fewer than two-thirds (63 percent) of the young men reported condom use at last sex with a primary partner, compared to 85 percent with a casual partner. The fact that a lower proportion of respondents reported condom use with regular partners than with casual partners is consistent with survey findings in many settings. However, in this case, consistent condom use during the last month was higher during sex with regular partners (70 percent) versus with every casual partner (49 percent). Couples had ambiguous attitudes toward condoms and used them inconsistently.

Qualitative interviews with couples confirmed these findings. While awareness was high that condoms should be used (among both young men and their female partners), negotiating their use was found to be complicated. Some couples reported not using condoms initially (saying they did not know each other well enough to negotiate condom use) and then starting to use them once they felt they could discuss them. At the same time, other couples reported using condoms more at the beginning of a relationship, when they were getting to know each other, only to stop using them once they felt the relationship was stable. Some young men said they thought negatively of women who carried condoms with them in general, even if their female partners carried condoms, which the young men agreed to use upon their insistence.

About half of the young men supported equitable gender norms; attitudes did not differ by age

For ease of interpretation, GEM Scale scores were trichotomized into “high equity,” “moderate equity,” and “low equity” (Figure 2). The categories were determined based on the range of possible responses, and distributed equally into the three categories (e.g., the top third of possible scores were categorized as “high equity”). At baseline, about half of the young men were categorized as “highly” equitable, and the other half was distributed across the “moderate” and “low” categories. There was no difference in attitudes towards gender norms between younger (ages 14 to 17) and older (ages 18 to 25) respondents.

HIV risk associated with support for inequitable gender norms

Support for inequitable gender norms and gender roles was significantly associated with HIV risk at baseline. Across all three sites, agreement with inequitable norms in the GEM Scale was significantly associated with reported STI symptoms ($p < .05$), lack of contraceptive use ($p = .05$), and both physical and sexual violence against a current, or most recent, partner ($p < .001$).

Some young men, showed tremendous respect for women, repudiated violence against women, and believed they should use condoms and discuss condom use with their partners, but at the same time believed that men have a “right” to have outside sexual partners. This example highlights the inherent complexities of accurately measuring attitudes toward gender norms.

Post-intervention Impact Results

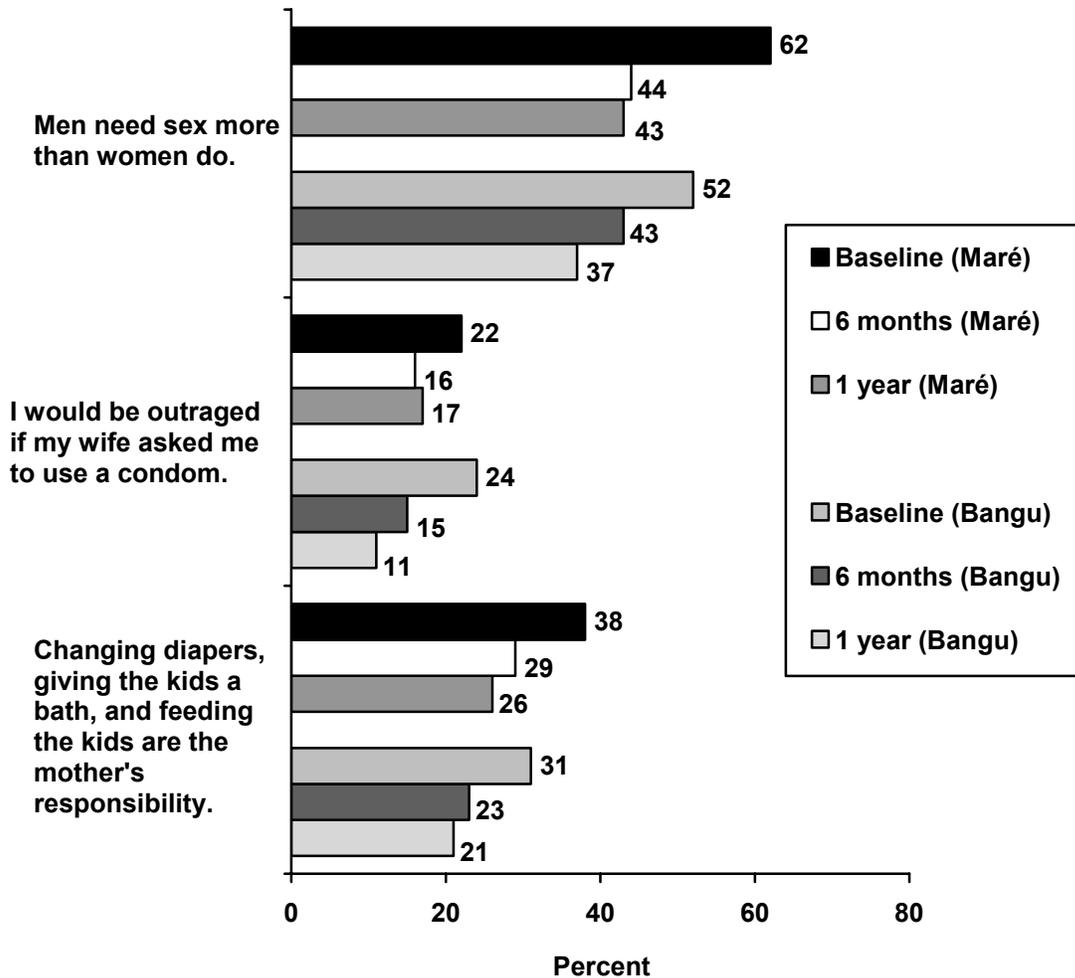
More equitable gender norms and related behaviors can be successfully promoted

A comparison of baseline and post-intervention results gathered at the intervention sites revealed that a significantly smaller proportion of respondents supported inequitable gender norms over time. At six months, agreement with inequitable gender norms items significantly decreased in both intervention sites, with 10 out of 17 items improving in Bangu and 13 out of 17 items improving in Maré (See Figure 2 for three examples of items with significant changes). These positive changes were maintained at the one-

year follow-up in both intervention sites. In Morro dos Macacos, the site of the control/delayed intervention, responses to only one of 17 items significantly improved.

As an example of one of the positive changes, in Bangu, at baseline 52 percent of the young men agreed with the statement “men need sex more than women do,” which significantly decreased to 43 percent at six-month follow-up and the decrease continued to 37 percent at one year. In Maré, 62 percent of the young men agreed with the statement at baseline, which significantly decreased to 44 percent at six-month follow-up and the decrease was maintained at one year at 43 percent. In Morro dos Macacos, the control group, 58 percent of the young men agreed with the statement at baseline, which did not significantly change at six-month follow-up (59 percent). These findings are similar whether responses from all the young men who participated in the study (as in Figure 2), or only the young men who were successfully followed over time and completed every survey, are taken into account.

Figure 2 Examples of significant positive change in support for equitable gender norms (% that agreed; all $p < .05$ at six-month follow-up)



In addition to change in individual GEM Scale items, scores on the full Scale (when all of the inequitable norm items were combined into one score) significantly changed in the hypothesized directions. Young men became significantly less supportive of inequitable norms after the intervention period in both Bangu ($p < .001$) and Maré ($p < .05$), but not in Morro dos Macacos, the control group. At baseline, about half of the young men were categorized as “highly” equitable, and the other half was distributed across the “moderate” and “low” categories (Figure 3). At six-month follow-up, the proportion of young men from the intervention groups who were deemed highly equitable significantly increased, and the proportion of young men deemed low or not equitable decreased. Significant change was not seen in the control group. The positive changes were maintained in the intervention sites at one year. Again, these findings are the same whether responses from all the young men who participated in the study (as in Figure 3), or only the young men who were successfully followed over time and completed every survey, are taken into account.

During in-depth interviews held with some of the young men after they participated in the activities, they discussed how the workshops helped them to question their attitudes. One young man said:

...I learned to talk more with my girlfriend. Now I worry more about her... it's important to know what the other person wants, listen to them. Before [the workshops], I just worried about myself.

This same young man's girlfriend, in a separate interview, confirmed that he had in fact initiated discussions with her on a number of new topics, and that he had begun to respect when, how, and if she wanted to have sexual relations, and to see that having sex was not the only important part of their relationship.

Other young men reported that they changed their general views about women. One young man said:

Before (the workshops) I had sex with a girl, I had an orgasm, and then left her. If I saw her later, it was like I didn't even know her. If she got pregnant or something, I had nothing to do with it. But now, I think before I act or do something.

Another young man said that he had come to see women as having the same sexual agency as men:

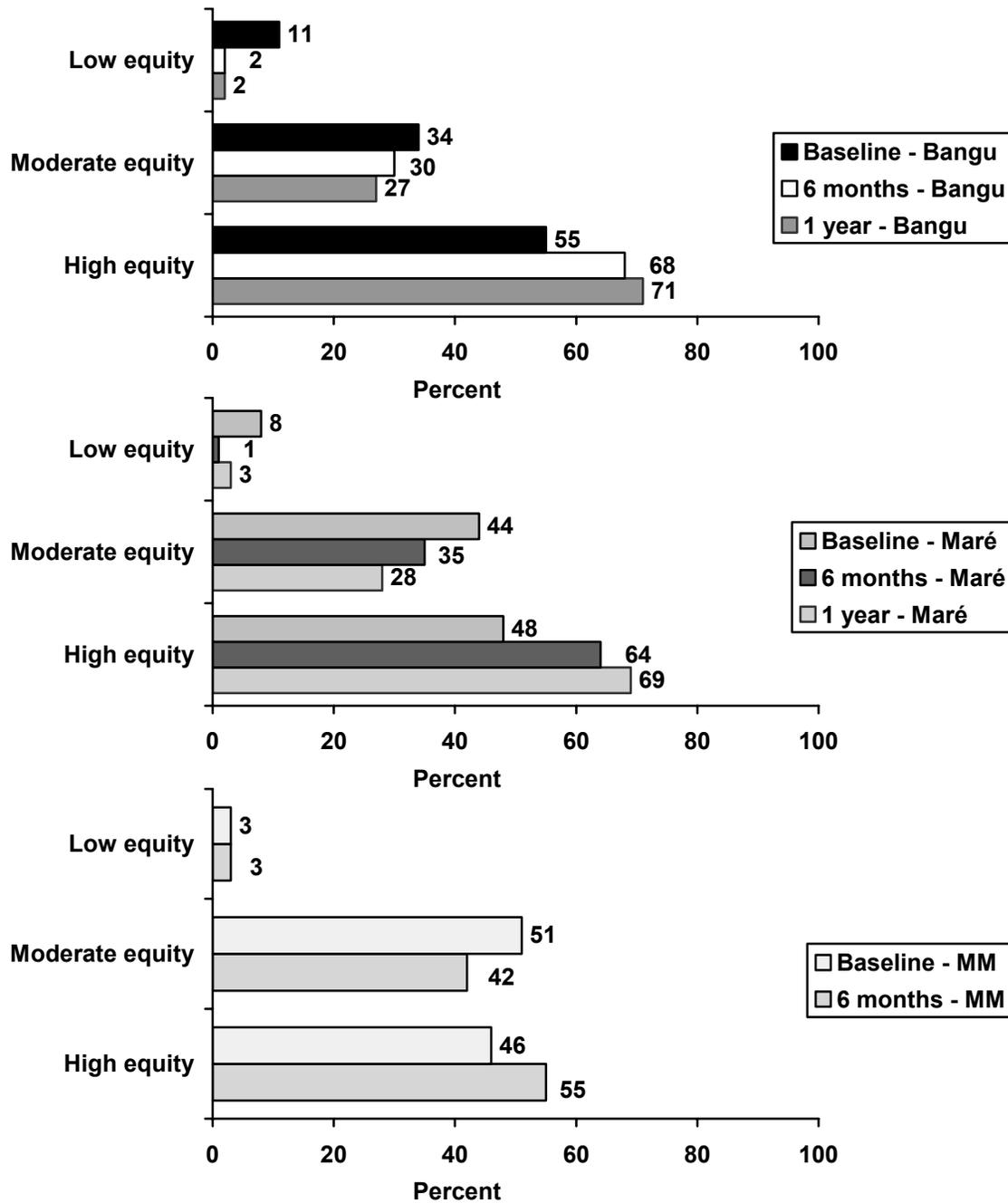
[If] a guy goes out with one woman today, another tomorrow, he'll be called a 'lady's man' or 'stud.' A girl is not that way. She'll be criticized if she does that, called a whore and stuff. But I've changed [after the workshops] about that. [If I have a girlfriend who has had sexual partners before me] I'll understand.

Some young women (partners of the young men) reported that they attributed their partners' becoming more responsible in their overall attitudes toward their relationships and their responsibilities in part at least to the workshops. One young woman partner of a workshop participant said:

...[he] changed a lot [after the workshops]. When we first met each other [and started going out], he was very 'desligado' [focused on himself]. When we first started going out, he didn't even want to meet my parents. He always had some excuse...but then he started to value more the

relationship. ... another time he brought some information about STIs for us both to see. ... now we talk about these things.

Figure 3 Significant change toward greater support for gender equity in GEM Scale responses in both intervention sites (Bangu, $p < .001$ and Maré, $p < .001$) but not in control site (Morro dos Macacos, $p = .12$) (%)



Additional analyses were conducted to test whether the attitudes toward gender norms of different subgroups changed more than others after the intervention period. There was no difference in changes in attitudes toward gender norms between younger (ages 14 to 17) and older (ages 18 to 25) respondents. There was also no significant difference in the change in attitudes between the young men who attended more than 50 percent of the sessions compared those who attended less than 50 percent of them; both subgroups improved a great deal.

Agreement with more equitable gender norms associated with changes in HIV/STI risk

A key objective for this study concerns quantifying how gender dynamics are related to HIV risk, and if promoting more equitable attitudes toward gender norms will lead to a change in HIV-related risk. Multi-variate logistic regression analyses for correlated data, controlling for age, family income, and education, indicate that improvements in gender norm scale scores were associated with changes in at least one key HIV/STI risk outcome. For both Bangu and Maré, the two intervention sites, decreased agreement with inequitable gender norms over one year was significantly associated with decreased reports of STI symptoms ($p < .001$). For the group in Bangu, young men who became more supportive of equitable norms were approximately four times less likely (based on odds ratios) to report STI symptoms over time, and young men in Maré were approximately eight times less likely to report STI symptoms over time. For condom use, a significant association was not found, but a trend in the expected direction was seen in Bangu; young men who developed more support for equitable gender norms were 2.4 times as likely to start to use condoms with a primary partner at last sex.

These quantitative findings were reinforced by comments concerning other HIV risk-related behaviors from the young men themselves during in-depth interviews. One young man indicated that since participating in the gender-focused education sessions, he had respect for his girlfriend and was delaying sex with her, saying:

Used to be when I went out with a girl, if we didn't have sex within two weeks of going out, I would leave her. But now [after the workshops], I think differently. I want to construct something [a relationship] with her.

Another young man had the same new attitude. He mentioned that he was going out with a young woman and had not yet had sex with her, for which he was “surprised with himself.” He also indicated that he was seeing the importance of a relationship not based mostly or entirely on sexual relations. Another young man said:

...I used to go out with various women at the same time...if I went out with a girl for more than a week and things didn't happen [we didn't have sex] ...I wasn't understanding. I didn't care to know why she didn't want to have sex. ...I think it was insecurity, or I thought I would lose the woman because of that. I didn't think about [what she wanted and that there was more to a relationship than sex].

Significant improvements found in key HIV/STI outcomes, with greater changes often found in combined intervention site

A number of key HIV/STI-related outcomes improved between what was measured at baseline and at the six-month follow-up in the two intervention sites. At both intervention sites, reported STI symptoms over the prior three months decreased, and in Bangu, the site where group educational activities were combined with the lifestyle social marketing component, the improvements were statistically significant ($p < .05$; Figure 4). In Morro dos Macacos, the control site, there was no significant decrease in reported STI symptoms at six months. Findings related to condom use were similar. In both sites, condom use at last sex with a primary partner increased, with a significant improvement seen in Bangu ($p < .05$; Figure 5). In Morro dos Macacos, no significant increase in condom use was found at six months. In all three sites, there was no significant increase in condom use with casual partners. Results at one-year follow-up indicate that the improvements in both condom use and a reduction in reported STI symptoms were maintained for both Bangu and Maré. In fact, the positive changes were greater at one-year follow-up, including a significant reduction in STI symptoms for both sites.

Figure 4 Change in reported STI symptoms over the prior 3 months (%)

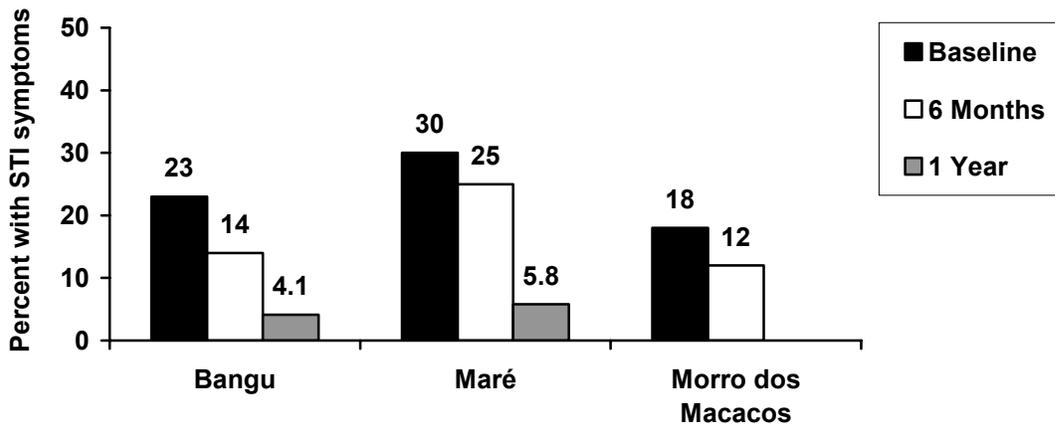
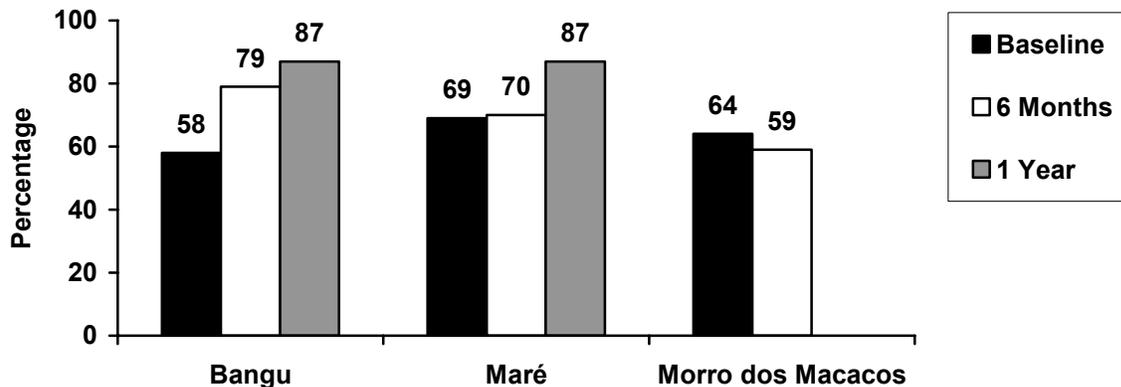


Figure 5 Change in condom use at last sex with a primary partner (%)



*p < .05, Chi-square test

The proportion of sexually experienced young men at both intervention sites who reported having two or more partners over the last month also decreased slightly at six months and at one year, but not significantly (41 percent to 39 percent to 35 percent for Bangu, and 46 percent to 46 percent to 36 percent for Maré). In contrast, the proportion of sexually experienced respondents in the control site with multiple partners increased slightly (39 percent to 42 percent for Morro dos Macacos).

Communication between couples about HIV/AIDS and condoms remained relatively high

Survey responses indicate that the majority of young men who participated in the study communicated with their primary partners about key HIV/STI-related topics at baseline, and that a similar pattern was maintained after the intervention period. In Bangu, 60 percent of young men with primary partners reported that they had spoken about condoms with their partner over the past month, and 60 percent had spoken about HIV/AIDS. At six-month follow-up, 63 percent had spoken about condoms and 61 percent had spoken about HIV/AIDS; at one year, 58 percent had spoken about condoms and 51 percent had spoken about HIV/AIDS. Results were similar in Maré. These questions asked about communication in general, and did not go into detail about what was said about these topics during discussions.

The qualitative interviews provide more detail about and insight into the communication dynamics between the couples. In the interviews, some young men reported that they had begun to reflect on their previous lack of communication with their partners, particularly communication related to having an STI or HIV/STI prevention. And their partners agreed that a change had taken place. Indeed, a previous household sample of men ages 15 to 59 carried out by Instituto Promundo and Instituto NOOS, in collaboration with Horizons, found that 15 percent of all men interviewed reported having had an STI at least once, but only 42 percent of those said they informed their partner. In this light, it is promising that many young men said in individual interviews that they were able to talk with their partners about sexual risk, including STIs, after the workshops.

Another change reported by some young men and their female partners was paying greater attention to their overall health needs, and specifically to HIV testing. The female partner of one young man said:

...after the workshops he started to inform himself more about health, take better care of himself ... He even talked about getting a blood test [HIV test] and he said: 'You should get one too' and I said: 'Okay, I'll do it, we'll do it together'.

Young men perceived a number of positive changes due to the group education workshops

In qualitative interviews, the young men reported a high degree of discussion with others—partners, family members, and friends—on the Program H activities, suggesting that they considered the themes salient and relevant to their everyday lives. In addition, the survey included open-ended questions about the impact of the workshops, as perceived by the participants. The majority responded to these open-ended questions, and indicated that the workshops led to a number of changes in their attitudes and behaviors. Table 3 summarizes their responses.

Table 3 Number of young men that reported the following attitudes and/or behaviors changed due to the intervention, as indicated in an open-ended survey question

	Maré (n = 131) %	Bangu (n = 132) %
Ability to prevent AIDS and other STDs	79	59
Being more responsible in life	18	19
Began to use condoms	4	24
Improved relationship with other peers	9	11
Improved relationship with partner	8	NA
Learned how to use a condom	5	2
Attitudes related to prevention of violence	2	2
Attitudes toward people living with HIV	2	1
Did an HIV test	1	1
Attitudes related to prevention of pregnancy	1	2
Attitudes related to gender and gender norms	NA	1
Others	2	10

Additional reflections from in-depth interviews with couples

The couple interviews (separate interviews with both partners) provided a number of insights on the nature of male-female couple relationships among young people ages 15 to 24 in a low income setting in Rio de Janeiro—insights that are useful for understanding how to promote gender equity and reduce HIV/AIDS risk. These include the following:

- *There was no such thing as a “typical” relationship among the young people interviewed.* Some couples had been together for two months or less, others for as long as two years. Some had children together. Some young men took on the father role for children their partners had with a previous partner. Others had children with a previous partner. A few couples lived together, while the majority did not. None were legally married. This suggests that interventions and prevention activities must take into account this diversity of relationship styles and realities.
- *The impact of the Program H intervention should be viewed within the context of relationships and lives in flux.* Among the couples interviewed, there was a high degree of instability in their relationships, suggesting that their lives with each other were in flux. Some young men had children with different partners, had taken on new partners, or had changed their jobs during the study period. This complicates the ability to understand the impact of the intervention. In addition, among some young men, a maturational process of gravitating toward more stable, committed relationships as they grew older was perceived by the researchers during the analysis of the interviews. The workshop process could have contributed to this maturation, while some was happening anyway.
- *There was a consistent difficulty in questioning the widely accepted social norm that men can and should have secondary partners.* Men’s sexuality was seen by both women and men as uncontrollable in many of the couple interviews, even when there were changes in discourses toward becoming more gender-equitable. Even among those young men whose female partners indicated that they were reasonably gender-equitable, there was widespread acknowledgment that men inherently sought outside partners. This is a particularly challenging issue to address.
- *In tense relationships, the Program H workshops were often seen as “safe spaces” to discuss and reflect.* Respondents (both male and female) viewed the workshops as places where young men could vent frustrations and talk with male peers about important issues. Some of the young men interviewed highly appreciated this opportunity, even when there was no self-reported positive behavior change. This echoes the comment by facilitators that the group discussions became “safe spaces” for young men to discuss issues they rarely openly discussed (e.g., community violence, their relationships, family life). While having such a space to discuss personal issues may not be in and of itself enough to change behaviors in the short term, positive behavior change may take place in the future.
- *The responses of the young couples showed some inconsistencies.* While most couples were concordant in their description of their relationship, sometimes what the male partner described differed from what his girlfriend reported. Couples had varying degrees of recall about how they met, how long they been together, and how serious the relationship was. On a few occasions, the male partner reported that the couple had had sexual relations, while the female partner said they had not.

These findings highlight some of the challenges of trying to promote more gender-equitable relationships. They underscore the importance of being aware of the complexities in the relationships, and in society, and actively addressing them. They also point to the importance of triangulating the data collected, so multiple sources can support a more complete picture of the situation.

Process Findings and Lessons Learned During Implementation

Key Issues and Perspectives

A number of lessons were learned through the process of recruiting young men and women to participate in the study and during the implementation of the intervention. Information from the monitoring reports and attendance lists from the facilitators, interviews with the research and program staff, and statements from the young men themselves, and their female partners, are integrated below.

Intervention had uneven participation

The attendance of the young men in the groups was uneven. While a substantial minority (almost 30 percent) attended all or the majority of the sessions, more than half of the group participated in less than half of them. The young men did not tend to drop out permanently, however, and instead reported that they periodically missed sessions for a variety of reasons (See Table 4). The most common reason for missing a session was work-related. Participation also varied by specific workshop; some groups of young men had a higher average attendance, and some facilitators were more effective in engaging the young men and thus encouraged them to participate more consistently. While the education sessions did build upon one another, each session addressed a key topic in a gender-sensitive way and could “stand-alone,” so the young men could miss sessions and still receive information about gender-related issues. An analysis of the characteristics of the young men in Bangu or Maré who attended more than half of the sessions compared with those who attended less than half of the sessions revealed that there were no significant differences between the groups in terms of (1) whether the young men worked, (2) their age group, (3) their education level, (4) their number of sexual partners at baseline, and (5) their attitudes towards gender norms at baseline.

Table 4 Reasons why the young men missed workshops, of those that missed any sessions, reported in open-ended survey question at six-months follow-up

	Bangu (n = 189) %	Maré (n = 181) %
Work	27	28
Forgot/lack of interest	13	14
Illness	16	9.4
Schoolwork	7.4	11
Another commitment	11	13
Personal problems	0.5	0.6
Family problems	6.3	4.4
Another workshop	9.0	6.6
Other reasons	9.5	14

Older youth difficult to recruit

In general, it was more difficult to recruit older youth, principally those aged 20–24 years, since they were either working or searching for work, and because they prioritized participation in professional training courses offered by other groups based in the community. However, those older youth that did attend often displayed more involvement and interest in the session topics, likely because they had more experience with intimate relationships.

Implementing an intervention challenging in a violent environment

It was challenging to implement the intervention in these low-income communities, which were characterized by violence. The influence of drug-trafficking gangs often hindered the participation of the young men in the workshops and exposed both them and the facilitators to the risk of violence. The study team kept in regular contact with the community-based neighborhood associations, as well as with the young men, to discuss current levels of safety in the neighborhoods. On several occasions, workshops had to be suspended because of shootouts between drug traffickers and the police. Another time, a non-participating young man entered a session with a gun to inquire about the activities. Although he left without any problems, he caused a general sense of uneasiness among participants.

Facilitators’ perspectives on key themes raised during the sessions

In addition to the issues raised above, the facilitators of the group education sessions noted a number of others worth highlighting:

- Many young men reported a lack of confidence in the sexual health and disease prevention services provided at the local health posts. Condoms are available at these health posts for free, yet the young men reported that when they visited the health posts to get them, they were often asked: “Who are you going to have sex with?” They interpreted this questioning as disparaging, and were deterred from visiting the health posts again.²
- Several young men reported that they appreciated the group sessions because they provided new information about sexuality, or a chance to learn about reproductive facts related to women—such as the fertile period—that they hadn’t understood previously, as well as about women’s sexual pleasure. Others reported that it was useful and important to them to be able to talk about such themes, without them being considered, as one young man said, “bad things.”
- Facilitators perceived that it was quite important for these young men to participate in “male-only” groups, or safe spaces to openly address various key topics. The young men appreciated the opportunity “to be here among men and to be able to talk.” The groups acquired a special status among the young men, who reported: “we are learning a lot with the workshops and have never participated in this type of program in which we can talk openly about various issues and our doubts about health, sexuality, and STDs.” Most of the facilitators mentioned initial shyness among the participants due to the novelty of being in a male-only group that was not based on sports or just “fooling around.” Also, the young men did not at first feel comfortable with the structure of the activities (which were centered around discussions or expressing themselves verbally about sensitive issues), during which they felt like they were being “put on the spot.” The facilitators reported that as the groups progressed, the participants became increasingly comfortable with contributing personal stories and opinions.
- The facilitators reported that a homophobic discourse was present in all of the groups. An example of this discourse is reflected in the comment of one young man, who likened having gay friends to hanging out with delinquent peers, saying: “If you walk around with him (a gay person), everyone will think that you are like him.” According to the facilitators, there was also a sense that it was easier for the young men to accept the breaking of a law (being a thief, using drugs) than the societal norm of “not being a real man” (referring to being gay).
- There were many stories about discrimination that the young men had suffered for being black and/or for living in a low-income favela. Facilitators would hear comments from the young men about how living in a favela and being a thief is one and the same thing. The young men—who were mainly Afro-Brazilian—also reported hearing comments such as “black people don’t like to work yet they even have their own holiday,” referring to Black Consciousness Day in Brazil.
- While there were challenges to the implementation of the intervention due to the violence prevalent in the community, facilitators reported that certain incidents turned into opportunities to raise issues related to violence in the group sessions. They offered the chance to share negative experiences, and the

² Cognizant of the lack of information available in Brazil regarding the reasons for young men’s low use of public health services, PAHO, Instituto PROMUNDO, and local partners NESAs and SMS, recently completed a two-year qualitative study on young men and clinic use.

young men spoke often of violence in their communities and in their homes. The incidents also allowed them to critically reflect on how violence affects their lives, including their romantic and sexual relationships, and how best to address it.

Information from workshops used by some young men to gain other work

During the study, but not related to the study, there was a hiring process for community health agents as part of the public health system in both intervention communities. Some of the young men from the groups sought positions as community health agents. The young men reported that the information gained in the workshops was applicable to this work opportunity. The intervention curriculum also helped participants to study for the exam required when applying for a community health agent position.

Sustainability of groups

Some of the young men who participated in the study decided to start their own informal group to continue meeting and discussing similar issues after the completion of the study. At one-year follow-up, this group was still meeting. In Maré, one of the young men was hired as a community health agent and decided to continue the discussions on violence, drug abuse, and sexual and reproductive health issues with an informal male group.

Conflicts during the sessions

The community violence previously mentioned was directly reflected in the sessions. Many young men disputed over who spoke, interacted with each other using threats, and were generally disrespectful toward the facilitator. In such cases, it was important that facilitators felt trained and equipped to handle these conflicts and this style of interaction, and that they consistently promoted a style of discussion that encouraged tolerance and respect toward one another. Some young men reported in qualitative interviews that they arrived at the sessions with a “bad attitude” but that the facilitator was skilled in gaining their confidence. As one young man stated: “When I first came to the sessions, I had a stiff upper lip and was ready to give him [the facilitator] a hard time, but he gained my trust...talked to us openly, he became almost like a father...” In some sessions, there were conflicts among the participants because of the themes they were discussing, such as homophobia. In such cases, the facilitators sought to use these moments of conflict, and the themes that provoked the conflict, to promote further discussions in subsequent sessions.

Cost Analysis

An important component of this operations research was a costing analysis. Providing information not only on the impact of interventions, but also on the cost of different types of interventions, will assist in decisions related to scaling up. The goal of the current costing analysis was to provide information on how expensive it is to reach a young man with the two different intervention components: the participatory group education component and the lifestyle social marketing campaign component (a cost-per-output analysis).

It is not a primary goal to compare the costs of the two intervention arms. The more intensive arm combined the group education and the lifestyle social marketing campaign, and the less intensive arm included the group education alone; the more intensive arm therefore cost more. The evidence reported above indicates that the more intensive intervention was also more effective in some ways, such as leading to higher reported condom use rates. The main goal of the current analysis is to provide information on the costs of the intervention activities for those who may wish to replicate them.

Several agencies and institutions provided funding for the two intervention components. Funding for the development of the manuals used in the group education intervention was provided by IPPF, PAHO, USAID, Summit Foundation, and the Moriah Fund. Funding for the development and implementation of the lifestyle social marketing campaign, and for commodities such as condoms and postcards, were provided by SSL International, Inc., the makers of Durex condoms. The Horizons Program paid for the costs of training the facilitators of the group education intervention, and provided the stipends to the young men to reimburse them for their travel expenses and time spent participating in the intervention.

Start-up and Service Delivery Costs

The costs of the group education intervention and the lifestyle social marketing campaign were divided into two types: start-up and service delivery. Start-up costs largely included training the facilitators for the group education sessions. Training costs included the value of the time of the trainers and trainees, as well as costs of travel to the training site and materials for the intervention. Project development costs (i.e. designing the interventions and materials), which are other potential start-up costs, are not included in the analysis. For the group education intervention, start-up costs were not included because the group education manuals had already been developed for other purposes prior to this formal evaluation study and with funding from other sources. Therefore, no project development cost-related information was available for the group education intervention. Information about the development of the lifestyle social marketing campaign was available, since it was developed after the study started, and the costs are listed below. They are not included in the costing analysis, to maintain comparability with the group education intervention. It should be noted that excluding design costs might result in an underestimation of some of the costs of the intervention. However, the existing materials can be adapted to other settings without incurring many of the costs. In fact, the intervention is currently being adapted and implemented in India (see Discussion for more details).

The main cost of delivering the intervention was related to labor: i.e. the time of facilitators, program coordinators, and youth participating in condom distribution for the lifestyle social marketing campaign, and the stipend provided to the youth participants in the group education intervention. The value of the time spent by program coordinators supervising the intervention and the facilitators implementing the group education sessions was calculated based on their salary and benefits. Because the condom distribution and group education sessions were coordinated during times convenient for the young men, such as over the weekend, and most of the young men were unemployed, the value of the time spent by young men participating in program activities was estimated as the amount of the stipend (approximately seven dollars per month). Other costs included commodities such as posters (particularly printing the materials), transportation, and miscellaneous expenses (e.g., meeting costs). When potential costs were donated, such as meeting venues in the community for the group education sessions and condoms for the lifestyle social marketing campaign, they were not included in the costing analysis. An additional cost for the lifestyle social marketing campaign was the launching event in the community, to provide publicity for the campaign. A second launching event was held at a meeting with other NGOs and government officials, to disseminate information about the campaign, but as was not an integral part of implementing the campaign in the community; therefore it was not included in the costing analysis.

Results of Cost Study

The total costs of the two interventions (Bangu—combining group education and lifestyle social marketing campaign, and Maré—group education alone) were USD\$35,856.87 and USD\$21,060.28³, respectively. Itemized costs included in the analysis are presented in Appendix 2.

The cost-per-output of the intervention, or the cost per youth reached, was USD\$138.98 for Bangu and USD\$84.24 for Maré (Table 5). An additional analysis was done to determine the cost per participant, per hour of group education. There were approximately 28 hours of group education over six months, so the cost per participant per hour in Bangu was USD\$4.96, and in Maré was USD\$3.01.

Table 5 Intervention costs per reaching a youth (USD\$1 = R\$2.93)

Cost	Bangu	Maré
Cost	USD\$35,856.87	USD\$21,060.28
Number of participants	258	250
Cost per participant per site in US dollars	USD\$138.98	USD\$84.24
Cost per participant per hour of group education intervention in US dollars	USD\$4.96	USD\$3.01

If this intervention were to be replicated by other organizations, some of the costs would be altered—some costs would be added and others would be removed. For example, facilitator training for the group

³ USD\$1 = R\$2.93

education intervention included “experts” from other cities and countries, which added transportation and per diem costs. Also, extending the intervention period of the group education sessions to accommodate strikes and local conflicts led to additional costs of facilitator salaries and stipends for participants (differences in these types of events in the two intervention sites also explain why costs for implementing the group education intervention were somewhat different in Bangu and Maré). Both of these costs may not be included in future applications. However, while condoms were donated by SSL International for this study, and were therefore not a significant expense, future applications of the intervention may need to take into account local costs for condoms. Furthermore, adapting the materials for another setting would require some expenditures, which should be added to expected costs. Depending on travel costs, and whether translations are necessary, costs to adapt and pre-test the Program H group education activities (and manual) in other settings, for example in sub-Saharan Africa, have ranged from USD\$25,000 to \$50,000.

Discussion and Next Steps

These findings suggest that group education interventions focused on promoting gender-equitable norms for both men and women can successfully influence young men's attitudes toward gender norms and lead to healthier relationships. The study also provides empirical evidence that a behavior change intervention focused on combating inequitable and risk-supporting gender norms is associated with improvements in HIV/STI risk outcomes.

Disagreement with inequitable gender norms significantly increased for both intervention groups, and a corresponding change was not seen in the group that was not exposed to any intervention, supporting the contention that the intervention had an impact on these views. The changes were maintained six months after the end of the activities, indicating that they can be sustained over time. The positive changes in attitudes towards gender norms were equally great for young men exposed to the combination of group education activities and the community-based lifestyle social marketing campaign, and the group participating in education activities alone. This finding underscores that the group education was likely most successful in addressing the gender-related attitudes, and an interactive and interpersonal process may be needed to influence often deep-seated and complex gender-related norms.

Key HIV/STI-related outcomes such as condom use with a primary partner also improved for young men in the intervention groups, and the change was often greater for young men exposed to the combined intervention. This finding highlights the importance of combining both interpersonal communication and reinforcing gender equity and HIV risk reduction messages at the community level. In addition, exposing the young men to similar messages outside of the small group setting will likely increase the probability of sustained change over a longer period of time.

The intervention seems to have resulted in positive outcomes for both young women and young men. These outcomes include increased caring and respect in their relationships, as well as more health-protective behaviors. For key outcomes, such as condom use and reported STI symptoms, these effects were evident both six months and one year after the intervention began. In some cases, such as for reported STI symptoms, the effect was even greater at one-year follow-up than at six months. Qualitative evidence from both young men and their female partners further demonstrates that some relationships, and sexual and reproductive health behavior within the relationships, have been substantially positively affected by the intervention.

Condom use in Brazil is relatively high, compared to most cultural settings, due to widespread availability and promotion of condom use as the norm, and a strong national AIDS program that has made condom use a central goal. But condom use as a norm has most often been promoted for casual partners, and limited attention has been paid to sexual risk and protection within primary relationships. Post-intervention findings demonstrate that condom use with primary partners increased significantly. This is important, given the substantially lower rates of condom use with primary partners within a context of frequent sex outside of the partnership. Condom use with casual partners, already high, did not increase. Qualitative findings indicate that the situation is complex, however, as some young men and their female partners reported using condoms more at the beginning of relationships, until they knew one another

better, while some reported the opposite—that they did not feel comfortable discussing or negotiating condom use until they knew one another better.

In addition to changes in condom use and reported STI symptoms, some men reported having a new willingness to wait to engage in sexual activity with partners, and paying more attention to other aspects of the relationship outside of the sexual component. In the qualitative interviews, young men reported, and their female partners confirmed, that they engaged in more open communication around sexual risk reduction and showed more interest in the opinions of their girlfriends. Regarding number of sexual partners, there was a slight reduction in the number of participants in the intervention groups who reported two or more sexual partners over the last three months, and a slight increase in the control group. Qualitative data indicates that young men were resistant to the idea of mutual monogamy in relationships, so interventions regarding this issue with this population may take substantially longer to be effective.

Other important lessons related to the process of implementing this type of intervention emerged. It was found to be more difficult to recruit older youth, due to competing responsibilities such as the search for work, and regular contact with participants to encourage their attendance was an important role of the facilitator. Young men greatly appreciated the “men-only” space as a place to openly address a number of sensitive issues. At the same time, there was sometimes conflict, even physical conflict, between participants, which meant that facilitators had to be trained and prepared to resolve it.

Directly measuring attitudes towards “gender-equitable” norms provides useful information about the prevailing norms in the community as well as the effectiveness of any program that hopes to influence or promote a modification of those norms. However, the relatively few studies that do measure these concepts directly rarely use measures that have been evaluated for their psychometric properties and for their appropriateness in specific cultural contexts. To address these issues, the study team developed and tested the GEM Scale with a representative sample of men in three communities in Rio de Janeiro. The resulting scale appears to capture gender dynamics well, and is sensitive to locally relevant issues. In the current intervention study, the 17 items of the inequitable subscale of the full GEM Scale were used as the gender norms measure, due to limited variability in the responses to the equitable norm subscale. Either the subscale or the full GEM Scale can be used in future research, depending upon the needs of the project.

At the same time, qualitative findings emphasize the complexity of measuring and influencing attitudes towards gender norms. Young men and young women sometimes have inconsistent views, holding gender-equitable views about one issue, but not another. Young men also show different behaviors with different partners, reflecting the complexity and interactive nature of relationship styles. The issues of tolerance towards homosexuality and the desire for men to have multiple sexual partners, proved to be among the most difficult areas to challenge.

The cost analysis provides additional information for those who may be interested in replicating this type of intervention. The total costs of the two interventions were captured, including start-up costs such as training of facilitators and implementation costs such as conducting workshops. The total costs in Bangu—combining group education and lifestyle social marketing campaign—and Maré—group education alone—were USD\$35,856.87 and USD\$21,060.28, respectively. The cost-per-output of the intervention, or the cost per youth reached, is USD\$138.98 for Bangu and USD\$84.24 for Maré.

Therefore, it is almost twice as much to reach young men in a combined program. However, this analysis focuses on the costs of reaching the young men who participated in the group education in both arms of the study (approximately 500). It does not take into account the many other young men and community members that were reached by the community-based lifestyle social marketing campaign, which included billboards, posters, and other materials. Therefore, the reach was likely greater than what this analysis conveys. Regarding the cost of the group education component, as the cost per hour of group education is only USD\$4.96 for Bangu and USD\$3.01 for Maré, for groups that are unable to incur all of the group education costs, a less intensive intervention with fewer sessions may be appropriate. Additional research is needed to determine the impact of a less intensive intervention.

There are limitations of the study that should be highlighted. The participants in both intervention groups were followed for a year, and the control group was followed for six months. Since the intervention began in the control setting after six months, the research team was unable to compare results with the control group at one year. Secondly, the study relied on self-reporting of outcomes, observations from facilitators, and reporting from female sexual partners, but did not include more objective measures, such as biological markers. For example, the findings related to the reduction in self-reported STI symptoms in the intervention sites are not supported by biological markers, and future studies that include these measures would strengthen the findings. However, the non-significant change found in self-reported symptoms in the control group does support the validity of the findings. Finally, the participants were a self-selected group, so the results may not be generalizable.

Study findings indicate that confronting inequitable gender norms, particularly those related to rigid and “traditional” views of masculinity, is an important element of HIV prevention strategies. The positive results suggest that it is in fact possible to question these inequitable views about manhood and in turn to change the attitudes and behaviors of young men in ways that are good for the health of themselves and their partners.

Next Steps

The study and intervention reported here has inspired ongoing adaptations in other countries. The Horizons Program, in collaboration with local partners and Instituto PROMUNDO, has funded and led the adaptation and replication of the GEM Scale, as well as the adaptation and piloting of a group education intervention in Mumbai, India. The MacArthur Foundation is now funding a full-scale evaluation of the intervention in India, and a pilot in Mexico, which is being implemented by Horizons/Population Council and Instituto PROMUNDO, with local partners CORO, an Indian NGO, and Salud y Genero, a Mexican NGO. SSL International is also supporting the development and testing of a lifestyle social marketing campaign in Mumbai, India, which is being conducted by CORO, Horizons, and Instituto PROMUNDO. Instituto PROMUNDO is working with partner organizations in several countries in sub-Saharan Africa to adapt these processes and approaches for specific settings in Africa.

Instituto PROMUNDO and Program H partners are developing a specific intervention and educational materials on sexual diversity, focusing on reducing homophobia among mostly heterosexual youth. The research supported findings related to the challenge of confronting homophobia and violence towards homosexuals. As a result of this conclusion, Instituto Promundo, in collaboration with ECOS, PAPAI,

and Salud y Género, and with support from the Brazilian National AIDS Program and the Moriah Fund, have developed a video (called “Afraid of What?,” that has the same characters and format as the video “Once Upon a Boy” used in the current gender-focused study). A manual with group educational activities is also being developed and will complement the existing Program H materials.

Another outcome of the project has been the acknowledgement of the importance of engaging both young men and young women in addressing gender dynamics and HIV risk. Throughout the implementation of the study in Brazil there were numerous requests on the part of the community—by young women and young men—for a similar social project that could be carried out with young women. Building upon this demand, Instituto Promundo, in collaboration with ECOS, PAPAI, and Salud y Género, and with support from the Oak Foundation, MacArthur Foundation, the Interagency Gender Working Group (IGWG) of USAID, and the Brazilian Special Secretariat on Women’s Policies, is creating an educational manual and video for working with groups of young women on the issue of empowerment in the context of family, intimate relationships, community, school, and work. These activities will include the development and testing of an attitude scale for use with young women, and a similar lifestyle social marketing campaign targeting young women and men about the need to empower women to question and transcend rigid gender norms.

References

- Alatorre, J. 2002. *Paternidad Responsable en el Istmo Centroamericano*. Mexico: United Nations Economic Commission for Latin America and the Caribbean (CEPAL).
- Amaro, H. 1995. "Love, sex, and power: Considering women's realities in HIV prevention," *American Psychologist* 50(6): 437–447.
- Archer, J. 1984. "Gender roles as developmental pathways," *British Journal of Social Psychology* 23: 245–256.
- Barker, G. 2000a. *What About Boys? A Review and Analysis of International Literature on the Health and Developmental Needs of Adolescent Boys*. Geneva: World Health Organization.
- . 2000b. "Gender equitable boys in a gender inequitable world: reflections from qualitative research and program development with young men in Rio de Janeiro, Brazil," *Sexual and Relationship Therapy* 15(3): 263–282.
- Barker, G. and I. Loewenstein. 1997. "Where the boys are: Attitudes related to masculinity, fatherhood and violence toward women among low income adolescent and young adult males in Rio de Janeiro, Brazil," *Youth and Society* 29(2): 166–196.
- Childhope. 1997. "Gender, sexuality and attitudes related to AIDS among low income youth and street youth in Rio de Janeiro, Brazil," *Childhope Working Paper no. 6*. New York: Childhope.
- Connell, R. 1987. *Gender and Power*. Stanford: Stanford University Press.
- . 1994. *Masculinities*. Berkeley, CA: University of California Press.
- Courtenay, W.H. 1998. "Better to die than cry? A longitudinal and constructionist study of masculinity and the health risk behavior of young American men," *Dissertation Abstracts International* 59 (08A): Publication number 9902042.
- Erikson, E. 1968. *Identity: Youth and Crisis*. New York: W.W. Norton.
- Greene, M.E., et al. 2004. "Involving men in reproductive health: Contributions to development," paper prepared for United Nations Millennium Project.
- Heise, L. 1994. "Gender-based abuse: The global epidemic," *Caderno de Saúde Pública* 10(Supl. 1): 135–145.
- Instituto PROMUNDO and Instituto NOOS. 2003. *Men, Gender-based Violence and Sexual and Reproductive Health: A Study with Men in Rio de Janeiro, Brazil*. Rio de Janeiro: Instituto PROMUNDO and Instituto NOOS.

- Kaufman, M. 1993. *Cracking the Armour: Power, Pain and the Lives of Men*. Toronto: Viking.
- Keijzer, B. 1995. "Masculinity as a risk factor," paper presented at the Coloquio Latinoamericano sobre "Varones, Sexualidad y Reproduccion," Zacatecas, Mexico.
- Marsiglio, W. 1988. "Adolescent male sexuality and heterosexual masculinity: A conceptual model and review," *Journal of Adolescent Research* 3(3-4): 285-303.
- Morris, L. 1993. "Determining male fertility through surveys: Young adult reproductive health surveys in Latin America," presented at the General Conference of the IusSP, Montreal, Canada.
- Population Council. 2001. "The unfinished transition: Gender equity: Sharing the responsibilities of parenthood," *Population Council Issues Paper*. New York: Population Council.
http://www.popcouncil.org/publications/issues_papers/transition_4.html. Accessed January 2003.
- Pulerwitz, J., et al. 2002. "Relationship power, condom use, and HIV risk among women in the US," *AIDS Care* 14(6): 789-800.
- Pulerwitz, J. and G. Barker. "Measuring equitable gender norms for HIV/STI and violence prevention with young men: Development of the GEM Scale," under review at *Men & Masculinities*.
- Rivers, K. and P. Aggleton. 1998. *Men and the HIV Epidemic, Gender and the HIV Epidemic*. New York: UNDCP HIV and Development Program.
- Servicio Nacional de la Mujer. 1998. "Familia y reparto de responsabilidades," *Documento No. 58*. Santiago, Chile: Servicio Nacional de la Mujer.
- Tauchen, H., A.D. Witte, and S.K. Long. 1991. "Domestic violence: A nonrandom affair," *International Economic Review* 32: 491-511.

Appendix 1 Group Education Session Themes and Exercises

Theme	Sub-theme	Manual	Time
Gender	What's what	Sexuality and Reproductive Health	45
	Labeling	Reasons and Emotions	60
	Power and violence in sexual relations: Story of Sam	Preventing and Living with HIV/AIDS	90
Body	Me and my body	Preventing and Living with HIV/AIDS	60
	The erotic body	Sexuality and Reproductive Health	120
	The reproductive body	Sexuality and Reproductive Health	120
	Health, STIs and HIV/AIDS	Sexuality and Reproductive Health	120
Risk	Signatures	Preventing and Living with HIV/AIDS	30
	I am vulnerable when...	Preventing and Living with HIV/AIDS	90
	Case study: The story of Rodrigo	Preventing and Living with HIV/AIDS	120
	Didn't I tell you so	Preventing and Living with HIV/AIDS	120
Condom use	There are people who do not use a condom because...	Sexuality and Reproductive Health	120
	Want...don't want, want...don't want	Preventing and Living with HIV/AIDS	120
Homophobia and violence	Diversity and rights: Me and others	From Violence to Peaceful Coexistence	90
	From violence to respect in intimate relationships	From Violence to Peaceful Coexistence	90
Care	Caring for oneself: Men, gender and health	Fatherhood and Caregiving	90
	Testing and counseling	Preventing and Living with HIV/AIDS	90
	Expressing my emotions	Reasons and Emotions	90

Appendix 2 Total Costs of Intervention

	R\$*	R\$*	US\$*	US\$*
	Bangu	Maré	Bangu	Maré
START-UP COSTS				
Group education intervention–training for facilitators				
Trainers (staff time)				
Promundo	1,877.14	1,877.14	640.66	640.66
Program H Partners	859.91	859.91	293.48	293.48
Materials (copies of Program H manual and video)	175.00	175.00	59.73	59.73
Travel for trainers	1,100.00	1,100.00	375.43	375.43
Per diem for trainers	940.00	940.00	320.82	320.82
Training space	660.00	660.00	225.26	225.26
Meals	410.00	410.00	139.93	139.93
Sub-total 1	6,022.05	6,022.05	2,055.31	2,055.31
IMPLEMENTATION COSTS				
Group education intervention–recruitment of young men				
Project Coordinator (staff time)	3,001.72	4,897.00	1,024.48	1,671.33
Project Assistant (staff time)	1,581.04	887.36	539.60	302.85
Transportation to communities	89.26	62.49	30.46	21.33
Sub-total 2	4,672.02	5,846.85	1,594.55	1,995.51
Workshops				
Rental of space for workshops	600.00	500.00	204.78	170.65
Facilitators (staff time)	16,908.67	22,859.17	5,770.88	7801.76
Stipends for young men	15,647.00	17,198.00	5,340.27	5,869.62
Snacks	350.00	150.00	119.45	51.19
Materials (paper, pens, etc.)	1,017.00	1,017.00	347.10	347.10
Audiovisual equipment	1,000.00	1,000.00	341.30	341.30
Sub-total 3	35,522.67	42,724.17	12,123.78	14,581.63

USD\$1 = R\$2.93

Supervision–communities (payment, participation of young men)				
Project Assistant (Staff time)	2,422.32	5,265.24	826.73	1,797.01
Transportation to Communities	44.63	31.24	15.23	10.66
Sub-total 4	2,466.95	5,296.48	841.96	1,807.67
Supervision–facilitators (weekly meetings)				
Project Assistant (Staff time)	421.17	842.34	143.74	287.49
Gender Specialist (Staff time)	487.36	974.72	166.33	332.67
Sub-total 5	908.53	1,817.06	310.08	620.16
Lifestyle social marketing campaign				
Community launch event (DJ, food, security, transportation staff, and peer promoters)	3,894.25		1,329.10	
Project Assistant (staff time)–supervision of promoters	5,957.20		2,033.17	
Stipends for peer promoters	14,998.56		5,118.96	
Transportation for peer promoters and staff to carry out campaign activities	3,510.00		1,197.95	
Printing and distributing of materials (posters, postcards, billboards, bus-side posters, stands, tee shirts, and hats)	27,108.40		9,252.01	
Sub-total 6	55,468.41		18,931.19	
TOTAL IMPLEMENTATION COSTS	99,038.58	55,684.56	33,801.56	19,004.97
TOTAL OVERALL COSTS	105,060.63	61,706.61	35,856.87	21,060.28
NOT included in costing analysis				
Development of BCC messages and materials				
Gender and communication specialists (staff time)	17,444.30		5,953.69	
Stipends for peer promoters	9,696.00		3,309.22	
Transportation for peer promoters	1,617.50		552.05	
Advertising agency–consultation on development of messages and images	15,317.00		5,227.65	
Development of theatre skit for campaign–consultant staff time	2,011.92		686.66	
Total	46,086.72		15,729.26	

Horizons

Horizons is a global operations research program designed to:

- Identify and test potential strategies to improve HIV/AIDS prevention, care, and support programs and service delivery.
- Disseminate best practices and utilize findings with a view toward scaling up successful interventions.



Horizons is implemented by the Population Council in collaboration with

- International Center for Research on Women (ICRW)
- International HIV/AIDS Alliance
- PATH
- Tulane University
- Family Health International (FHI)
- Johns Hopkins University

For more information, please contact:

Horizons Program, Communications Unit
4301 Connecticut Avenue, NW Suite 280
Washington, DC 20008 USA
Tel: 202-237-9400
Fax: 202-237-8410
Email: horizons@pcdc.org
www.popcouncil.org/horizons



USAID
FROM THE AMERICAN PEOPLE